

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90024 006 \*\*\*150.00

**DOCUMENT # 520360**

1. Entity Name

HUGH E. CURLIN, INC.



Principal Place of Business

1914 BEACHWAY ROAD  
STE 2-E  
JACKSONVILLE FL 32207

Mailing Address

1914 BEACHWAY ROAD  
STE 2-E  
JACKSONVILLE FL 32207

2. Principal Place of Business

*New Address*  
3947 Blvd CENTER DRIVE  
Suite, Apt. #, etc.  
SUITE - 10

3. Mailing Address

3947 Blvd CENTER DRIVE  
Suite, Apt. #, etc.  
SUITE - 10

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

Duval

Zip

32207

Country

Duval

4. FEI Number

59-1706338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CURLIN, HUGH E.  
1914 BEACHWAY ROAD  
STE 2-E  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME CURLIN, HUGH E.  
STREET ADDRESS 1914 BEACHWAY ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VSD ☐ Delete  
NAME CURLIN, SHEILA A.  
STREET ADDRESS 1914 BEACHWAY ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hugh E. Curlin* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

904-399-1698

Date

Daytime Phone #